



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/08/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD986633022

INSTALLATION NAME

SPRING AIR PARTNERS

INSTALLATION ADDRESS

**170 SCHUYLER AVE
NORTH ARLINGTON, NJ 070315412**

MAILING ADDRESS

**PO BOX 447
NORTH ARLINGTON, NJ 07032**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: SPRING AIR PARTNERS
or Current Occupant
ATTN: THOMAS NEDROW - MAINT SUPV
170 SCHUYLER AVE
NORTH ARLINGTON, NJ 070315412**

Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)
AGENCY, REGION II

2002 OCT 28 PM 4:30
RCRA PROGRAMS

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification ☐ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

SPRING AIR PARTNERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

170 SCHUYLER AVE

Street (Continued)

City or Town

NORTH ARLINGTON

State

Zip Code

NJ 07031-5412

County Code

County Name

BERGAN

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P.O. BOX 447

City or Town

NORTH ARLINGTON

State

Zip Code

NJ 07032-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

NEDROW

(First)

THOMAS

Job Title

MAINT SUPERVISOR 201-997-6700

Extension

VI. Installation Contact Address (See instructions)

Fax Number 997-5433

A. Contact Address Location

Mailing

B. Street or P.O. Box

☒

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

BAGDON REALTY

Street, P.O. Box, or Route Number

PO BOX 447

City or Town

NORTH ARLINGTON

State

Zip Code

NJ 07032-

Phone Number (Area Code and Number)

609-851-3438

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

Date Changed
Month Day Year

EPA Form 8700 (Rev. 12/99)

- 1 of 2 -

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Fl.,
New York, NY 10007-1866 Phone: (212)637-4106

Address Verified

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

- A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

- B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

- C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Thomas H. Liden

Name and Official Title (Type or print)

Maint Supervisor

Date Signed

10/23

XI. Comments

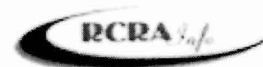
WE ARE APPLYING TO GET THE EPA ID NO SO THAT WE CAN DISPOSE OF UNWANTED MATS THROUGH "CLEAN EARTH"

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

An original signature is required



Handler Information


SPRING AIR MATTRESS
NORTH ARLINGTON
NJD986633022

Select the information to process:

Basic Handler Information						
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NJD986633022	SPRING AIR MATTRESS		X	02	NJ	

Previous Name Information		
Act Loc	Receive Date	Handler Name

Location Address Information								
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NJ	170	SCHUYLER AVE	NORTH ARLINGTON	BERGEN	NJ	07032	P	METRO

Mailing Address Information					
Act Loc	Street No.	Street	City	State	Zip
NJ	170	SCHUYLER AVE	NORTH ARLINGTON	NJ	07032

Contact Information							Add Contact		
Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NJ	N	OWNER	ROBERT	BAGOON	973-977-6700	170 SCHUYLER AVE	NORTH ARLINGTON	NJ	07032

Owner Information									Add Owner	
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NJ	1	CO	P		ROBERT BAGOON	201-997-6700	170 SCHUYLER AVE	NORTH ARLINGTON	NJ	07032

Operator Information								Add Operator		
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information							Add/Update Miscellaneous Information		
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NJ				6/1/1992	810209				

Location Coordinates							Add/Update Latitude/Longitude		

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

Act Loc	Source	Latitude Measure	Longitude Measure
NJ			

Environmental Priority Ranking Add EPR			
Act Loc	EPR Date	EPR Status	EPR Notes

SIC Information				Add SIC
Act Loc	Seq	Source	Code	Primary

Other Permit Information Add Other Permit			
Act Loc	Number	Type	Permit Description

Activity Summary Information										Add Activity
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NJ	<u>E</u>	1	3/6/1995	CESQG - N	-	-	-	-		
NJ	<u>N</u>	1	5/11/1992	CESQG - R	-	-	-	-		

Hazardous Waste Stream Information				<u>Add Waste Stream</u>		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NJ	<u>0001</u>	E	3/6/1995	0		
NJ	<u>0001</u>	N	5/11/1992	0		

Go To

URL: /Handler/HAND_info_main.asp



ENVIRONMENTAL PROTECTION
AGENCY REGION II

SPRING AIR MATTRESS COMPANY

170 SCHUYLER AVENUE, P.O. BOX 447. NORTH ARLINGTON, NJ 07032-0447

Phones:

N.J. (201) 997-6700

N.Y. (212) 267-0066

FAX: (201) 997-5433

April 16, 1993

Mr. Norman Rost
Air & Waste Management Division
Hazardous & Solid Waste Program
26 Federal Plaza Room 1006
New York NY 10278

Dear Mr. Rost:

Would you be kind enough to discontinue our EPA ID number, **NJD 986633022**, in that we have no more hazardous waste.

Thank you for your cooperation. Would you please confirm that you have done so. Thank you.

Very truly yours,

Paul Bagoon
President

3/6/95 ND 3/2 - 316

THE HONORABLE PROTECTION



RECEIVED
FEB 1 1994
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION





ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/01/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986633022

FACILITY NAME -> SPRING AIR MATTRESS

MAILING ADDRESS -> 170 SCHUYLER AVE
NORTH ARLINGTON, NJ 07032

INSTALLATION ADDRESS -> 170 SCHUYLER AVE
NORTH ARLINGTON, NJ 07032

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BAGOON, ROBERT
OWNER
SPRING AIR MATTRESS
170 SCHUYLER AVE
NORTH ARLINGTON, NJ 07032

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ 0986 633 022

II. Name of Installation (Include company and specific site name)

SPRING AIR MATTRESSES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

170 SCHUYLER AVENUE

Street (continued)

City or Town

NORTH ARLINGTON

State

ZIP Code

NJ 07032 -

County Code

County Name

BERGEN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BAGDON

(first)

ROBERT

Job Title

OWNER

Phone Number (area code and number)

201-997-6700

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ROBERT BAGDON

Street, P.O. Box, or Route Number

170 SCHUYLER AVENUE

City or Town

State

ZIP Code

NORTH ARLINGTON

NJ 07032 -

Phone Number (area code and number)

201-997-6700

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33 See instructions if you need to list more than 12 waste codes.)

1 F002	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 X725	2 X726	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

President Shakti Gurnthar

Date Signed

5/6/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

To file



ENVIRONMENTAL PROTECTION
AGENCY REGION 3

SPRING AIR MATTRESS COMPANY

170 SCHUYLER AVENUE, P.O. BOX 447. NORTH ARLINGTON, NJ 07032-0447

Phones:

N.J. (201) 997-6700

N.Y. (212) 267-0066

FAX: (201) 997-5433

April 16, 1993

Mr. Norman Rost
Air & Waste Management Division
Hazardous & Solid Waste Program
26 Federal Plaza Room 1006
New York NY 10278

Dear Mr. Rost:

Would you be kind enough to discontinue our EPA ID number, **NJD 986633022**, in that we have no more hazardous waste.

Thank you for your cooperation. Would you please confirm that you have done so. Thank you.

Very truly yours,

Paul Bagoon
President

1/26/94 Copy sent
to the DEPE. (BU)

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: December 16, 2015 - 3:34 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD986633022	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 12/16/2015		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: December 16, 2015 - 3:34 PM

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SPRING AIR PARTNERS

County Name / Code: BERGEN / NJ003

NJD986633022

Location: 170 SCHUYLER AVE; NORTH ARLINGTON, NJ 07031-5412

REGION 02

Mailing: PO BOX 447; NORTH ARLINGTON, NJ 07032

Activity Location: NJ		State District: NORTHERN		Accessibility:		Non-Notifier:		Extract Flag: Y		Active Site: Y	
Generator:	CEG	Transporter:	N	Operating TSDF:	-----	IC In Place:	N	El Indicator (HE / GW):	N / N		
Short-Term Gen:	N	Transfer Facility:	N	Offsite Receiver:	N	HSM:	N	Subpart K:	---		
Full Enforcement:	-----	Converter:	-----	State Unaddressed SNC:	N	EPA Unaddressed SNC:	N				
CA Wrkld:	N	State TSDF:	-----	State Addressed SNC:	N	EPA Addressed SNC:	N				
Active State Gen:	N			State SNC w/Comp Sched:	N	EPA SNC w/Comp Sched:	N				

Evaluations With No Violations:

CDI Evaluation	06/15/2006	Activity Location: NJ	By: State	Identifier: 001	Person: NORJA	Branch: N	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: YES	Sampling: NO	Not Subtitle C: NO	Day Zero: 06/15/2006	Focus Area:	

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: December 16, 2015 - 3:34 PM

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: December 16, 2015 - 3:34 PM

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CDI	CASE DEVELOPMENT INSPECTION

* Note: Penalty amount may not reflect all violations cited.